U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
3. Name and address of person filing. Name ANDRE P. COLLINS P.O. Box, Bidg, Room No., if any Street 33 3.5 G ^{+h} 5.7 SOUTH City AKLINGTON VA State V.RGINIAT ZIP Code +4 22201 State St	1. File Number U - 4863	2, Fiscal Year Covered From:			
Name ANDRE P. COLLINS Name Wation Feetboll Lease Mayers Though Street Labor Organization File Number 665-533 P.O. Box, Building and Room Number, if any GTh Floor R. Street 33335 GTh ST SOUTH Street ADD C. ZIP Code +4 22201 City ARLINGTON VA State D.C. ZIP Code +4 22201 State V.RG (N/AT ZIP Code +4 22201 Enter appropriate data below if, during the past facal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned doctores, under penalty of Perjury and other applicable penalties of the law, that at of the information submitted in this report (including the Information contained in any accompanying of Perjury and other applicable penalties of the law, that at of the helps of the submitted in this report (including the Information contained in any accompanying of Perjury and other applicable penalties of the law, that at of the helps of the submitted in this report (including the Information contained in any accompanying of Perjury and other applicable penalties of the law, that at of the helps of the submitted in this report (including the Information contained in any accompanying output penalties of the sexumed by the signatory and is, to the best of the		1/1/04 Through: 12/3//09			
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P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 3335 Gth ST SOUTH City ARLINGTON VA State V.RG (N/A) ZIP Code +4 22204 State D.C. ZIP Code +4 20036 5. Position in labor organization. Retriced Players Director R Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (escept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other excountions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other excountion benefit of monoticary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any): Name Trade Name, if any: 7.b. Amount. Street Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name ANDRE P. COLLINS	Name National Football League Players Association			
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Signed On 8/14/05 201-255-8417	Signed O	on 8/14/05 201-255-8417			
Date Telephone Number		Date Telephone Number			

Name of Person Filing		File Number U-		
B. Held an Interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	grammanag			
Trade Name, if any:	a. Labor Organizat	ion		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	o. Empoyor			
City				
State ZIP Code + 4	_		_	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value	e of such dealing		
City	12.a. Nature of interest held		<u> </u>	
State ZIP Code +4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Best Beliffee Rozelle Wi Retransit Plan	Pension Boo	and Meeting Bultimore Z	2.5	
Trade Name, if any:	Oct. 6-6	Baltimore L	60 /	
P.O. Box, Bldg., Room No., if any				
Street 200 St. Pulplace Scite 2420				
city Baltimore				
State Maryland ZIP Code +4 21202 20 90				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		600.00	

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary valuables and of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise				
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Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
	12.b. Amount				
C. Received from any employer (other than an employer covered under parts A and B above) or from any lapor relations consultant to an employer any payment of money or other thing of value.					
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Beat Bell Pete Postle ML Refigurant Plane Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 200 St. But Place Suite 2420 City Baltimore State Mary and ZIP Code +4 21202-2040	14.a. Nature of payment. Christmas Luncheon December 16th, '04				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	180.00			